

Tab/ Ques #	Question (500 Characters)	Answer (500 Characters)	Text From previous field: P = Problem (255 Char); G= Goal (300 Char); I=Intervention (255 Char); N= Note (500 Char); A= Message Alert (255 Char)
1 (1686)	(PHQ-2) Many people with health problems get depressed. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?	Not at all (0)	Patient has not been bothered by little interest or pleasure in doing things.
		Several days (1)	Patient has been bothered by little interest or pleasure in doing things several days.
		More than half the days (2)	Patient has been bothered by little interest or pleasure in doing things more than half the days.
		Nearly every day (3)	Patient has been bothered by little interest or pleasure in doing things nearly every day.
2 (1687)	(PHQ-2) Over the last 2 weeks, how often have you been feeling down, depressed, or hopeless?	Not at all (0)	Patient has not felt down, depressed or hopeless.
		Several days (1)	Patient has felt down, depressed or hopeless several days.
		More than half the days (2)	Patient has felt down, depressed or hopeless more than half the days.
		Nearly every day (3)	Patient has felt down, depressed or hopeless nearly every day.
3 (1688)	Total Score of PHQ-2 (questions 1 and 2)	<=2	Negative Screening for Depression.
		>=3	Positive Screening for Depression.
			Positive screening for depression. Complete PHQ-9 below.
			Positive Screening for Depression.
			Member will complete comprehensive depression screening.
			Complete PHQ-9.
4 (1689)	(PHQ-9) Over the last 2 weeks, how often have you been bothered by trouble falling or staying asleep or sleeping too much?	Not at all (0)	Member does not have trouble staying asleep and is not sleeping too much.
		Several days (1)	Member has trouble staying asleep or is sleeping too much several days during the last two weeks.
		More than half the days (2)	Member has trouble staying asleep or is sleeping too much more than half the days during the last two weeks.
		Nearly every day (3)	Member has trouble staying asleep or is sleeping too much nearly every day during the last two weeks.
5 (1690)	(PHQ-9) Over the last 2 weeks, how often have you been bothered by feeling tired or having little energy?	Not at all (0)	Member does not feel tired or feel they have little energy.
		Several days (1)	Member feels tired and has little energy several days during the last two weeks.
		More than half the days (2)	Member feels tired and has little energy more than half the days during the last two weeks.
		Nearly every day (3)	Member feels tired and has little energy nearly every day during the last two weeks.
6 (1691)	(PHQ-9) Over the last 2 weeks, how often have you been bothered by poor appetite or overeating?	Not at all (0)	Member does not have a poor appetite and is not overeating.
		Several days (1)	Member has had a poor appetite or has been overeating several days during the last two weeks.
		More than half the days (2)	Member has had a poor appetite or has been overeating more than half the days during the last two weeks.
		Nearly every day (3)	Member has had a poor appetite or has been overeating nearly every day during the last two weeks.
7 (1692)	(PHQ-9) Over the last 2 weeks, how often have you been bothered by feeling bad about yourself or that you are a failure or have let yourself or your family down?	Not at all (0)	Member has not felt bad about themselves, or felt like a failure, or that they have let their families down during the last two weeks.
		Several days (1)	Member has felt bad about themselves or felt like a failure or that they have let their families down several days over the last two weeks.
		More than half the days (2)	Member has felt bad about themselves or felt like a failure or that they have let their families down more than half the days over the last two weeks.
		Nearly every day (3)	Member has felt bad about themselves or felt like a failure or that they have let their families down nearly every day over the last two weeks.
8 (1693)	(PHQ-9) Over the last 2 weeks, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?	Not at all (0)	Member does not have trouble concentrating on things.
		Several days (1)	Member has had trouble concentrating on things several days during the last two weeks.
		More than half the days (2)	Member has had trouble concentrating on things more than half the days during the last two weeks.
		Nearly every day (3)	Member has had trouble concentrating on things nearly every day during the last two weeks.
9 (1694)	(PHQ-9) Over the last 2 weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual?	Not at all (0)	Member has not moved or spoke so slowly that others could have noticed, nor been so fidgety or restless that they have been moving around a lot more than usual.
		Several days (1)	Member has moved or spoke so slowly that others could have noticed, or has been so fidgety or restless that they have been moving around a lot more than usual several days during the last two weeks.
		More than half the days (2)	Member has moved or spoke so slowly that others could have noticed, or has been so fidgety or restless that they have been moving around a lot more than usual more than half the days during the last two weeks.
		Nearly every day (3)	Member has moved or spoke so slowly that others could have noticed, or has been so fidgety or restless that they have been moving around a lot more than usual nearly every day during the last two weeks.

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10 (1695)	(PHQ-9) Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way? [STAFF INSTRUCTIONS: If member is experiencing any of these symptoms currently, follow your site specific protocols for emergency handling.]	Not at all (0)	Member was not bothered by thoughts that they would be better off dead, or hurting themselves in some way.
		Several days (1)	Member was bothered by thoughts that they would be better off dead, or hurting themselves in some way several days.
			Possible danger to self. If member is experiencing suicidal or homicidal ideation currently, follow your site specific protocols for emergency handling.
			Possible danger to self.
			Full symptom and treatment evaluation.
			If member is experiencing suicidal or homicidal ideation currently, follow your site specific protocols for emergency handling.
			3-way call to schedule a follow-up appointment with member's managing provider to discuss depression symptoms.
			Ask permission to contact support person and make them aware of the member's condition and need for support.
		More than half the days (2)	Member was bothered by thoughts that they would be better off dead, or hurting themselves in some way more than half the days.
			Possible danger to self. If member is experiencing suicidal or homicidal ideation currently, follow your site specific protocols for emergency handling.
			Possible danger to self.
			Full symptom and treatment evaluation.
			If member is experiencing suicidal or homicidal ideation currently, follow your site specific protocols for emergency handling.
			3-way call to schedule a follow-up appointment with member's managing provider to discuss depression symptoms.
			Ask permission to contact support person and make them aware of the member's condition and need for support.
		Nearly every day (3)	Member was bothered by thoughts that they would be better off dead, or hurting themselves in some way more than half the days.
			Possible danger to self. If member is experiencing suicidal or homicidal ideation currently, follow your site specific protocols for emergency handling.
			Possible danger to self.
			Full symptom and treatment evaluation.
			If member is experiencing suicidal or homicidal ideation currently, follow your site specific protocols for emergency handling.
			3-way call to schedule a follow-up appointment with member's managing provider to discuss depression symptoms.
			Ask permission to contact support person and make them aware of the member's condition and need for support.
11 (1696)	Total Score of PHQ-9 (STAFF INSTRUCTIONS: TOTAL PHQ-2 AND PHQ-9 QUESTIONS)	Between 0-4	Negative screen for depression.
		Between 5- 9	Mild depression
			If member is interested offer referral to PCP, community mental health centers, or community support groups for dealing with bad mood, etc. if interested.
		Between 10- 14	Positive screen for moderate depression.
			Positive screening for moderate depression.
			Full evaluation and depression treatment plan.
			3 way call to provider's office to schedule a f/u appointment
			Ask permission to contact support person and make them aware of the member's condition and need for support.
		Between 15- 19	Positive screen for moderately severe depression.
			Positive screening for moderately severe depression.
			Full evaluation and depression treatment plan.
			3 way call to provider's office to schedule a f/u appointment
			Ask permission to contact support person and make them aware of the member's condition and need for support.
			Refer member to CMHC (community mental health center) or crisis hotlines; community support groups, etc.
		Between 20- 27	Positive screen for severe depression.
			Positive screening for depression.
			Full evaluation and depression treatment plan.
			3 way call to provider's office to schedule a f/u appointment as soon as possible.
			Ask permission to contact support person and make them aware of the member's condition and need for support.
			Refer member to CMHC (community mental health center) or crisis hotlines; community support groups, etc.
12 (1697)	Are drugs or alcohol affecting your life at home or work?	Yes	Member's life at home or work affected by drugs and alcohol.
			Complete full CAGE-AID screen.
		No	Member's life at home or work is not affected by drugs and alcohol.
13 (1698)	Have you ever felt you ought to cut down on your drinking or drug use?	Yes (1)	Member felt they ought to cut down on the drinking or drug use.
			CAGE-AID SCREEN OF 1 OR MORE IS A POSITIVE SCREEN
		No (0)	Member did not feel they ought to cut down on the drinking or drug use.

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14 (1699)	Have people annoyed you by criticizing your drinking or drug use?	Yes (1)	Member felt annoyed by people criticizing his/her drinking or drug use.
			CAGE-AID SCREEN OF 1 OR MORE IS A POSITIVE SCREEN
		No (0)	Member did not feel annoyed by people criticizing his/her drinking or drug use.
15 (1700)	Have you felt bad or guilty about your drinking or drug use?	Yes (1)	Member felt bad or guilty about his/her drinking or drug use.
			CAGE-AID SCREEN OF 1 OR MORE IS A POSITIVE SCREEN
		No (0)	Member did not feel bad or guilty about his/her drinking or drug use.
16 (1701)	Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?	Yes (1)	Member has drank or used drugs first thing in the morning to steady his/her nerves or to get rid of a hangover.
			CAGE-AID SCREEN OF 1 OR MORE IS A POSITIVE SCREEN
		No (0)	Member has not drank or used drugs first thing in the morning to steady his/her nerves or to get rid of a hangover.
17 (1702)	Total CAGE score (PREVIOUS 4 QUESTIONS)		0 Negative screening for drug/alcohol problem.
			1 Possible drug/alcohol problem.
			CAGE-AID SCREEN OF 1 OR MORE IS A POSITIVE SCREEN
			Possible drug/alcohol problem.
			Member will accept referral to SA community groups, treatment centers, hotlines, etc.,
			Refer member to provider, substance abuse community groups, treatment centers, hotlines, etc. and/or support person to talk about problem for additional help/support.
			Encourage member to talk to their provider about the problem at the next office visit.
		2-4	Positive screening for drug/alcohol problem.
			CAGE-AID SCREEN OF 1 OR MORE IS A POSITIVE SCREEN
			Positive screen for substance abuse.
			Member will accept referral to appropriate program.
			Refer member to provider, substance abuse community groups, treatment centers, hotlines, etc. and/or support person to talk about problem for additional help/support.
			Encourage member to talk to their provider about the problem at the next office visit.
			Transfer to appropriate program.
18 (1703)	Have you recently experienced any issues or changes with your memory such as remembering the date, person, place where you were, or completing simple tasks? [STAFF INSTRUCTIONS: IDENTIFY IF ALERT TO PERSON, PLACE AND TIME.]	Yes	Member has recently experienced issues or changes with their memory such as remembering the date, person, place where they were, or completing simple tasks.
			Member has recently experienced issues or changes with their memory such as remembering the date, person, place where they were, or completing simple tasks.
			Member receives assistance as needed.
			Coordinate assistance from support person, community services or home health as appropriate.
		Poor recall of recent events	Member has difficulty remembering events, people, places, times or dates.
		Inability to perform common tasks	Member is unable to understand instructions or forget how to complete normal tasks.
		Become lost in familiar areas	Member becomes lost in areas they are familiar with.
		Poor recall of items/people	Member forgets the names of familiar objects or people.
		Fully dependent for needs	Member is totally dependent on others for needs.
		Other	Member has recently experienced other issues or changes with their memory.
		No - Alert and oriented to person, place and time	Member has not recently experienced issues or changes with their memory such as remembering the date or the place where they were or completing simple tasks.
19 (1493)	How hard is it for you to understand information about your condition, medications, or doctor's instructions?	Not hard	Member states it is not hard for them to understand information about their condition, medications, or doctor's instructions.
		Somewhat hard	Member states it is somewhat hard for them to understand information about their condition, medications, or doctor's instructions.
			Member states it is somewhat hard for them to understand information about their condition, medications, or doctor's instructions.
			Member understands information about their condition, medications, or doctor's instructions.
			Assist member to understands information about their condition, medications, or doctor's instructions.
			Assure member receives materials at the appropriate literacy level.
		Hard/very hard	Member states it is hard/very hard for them to understand information about their condition, medications, or doctor's instructions.
			Member states it is hard/very hard for them to understand information about their condition, medications, or doctor's instructions.
			Member understands information about their condition, medications, or doctor's instructions.

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			Assist member to understand information about their condition, medications, or doctor's instructions.
			Assure member receives materials at the appropriate literacy level.
20 (1491)	What is your day-to-day stress level?	Low	Member reports low stress levels.
		Moderate	Member reports moderate stress levels.
			Member reports moderate stress levels.
			Member's stress levels addressed.
			Refer to EAP, online training, vendor, other.
			If member has severe stress, anxiety or depression, refer to provider for mental health referral/assistance.
		High	Member reports high stress levels.
			Member reports high stress levels.
			Member's stress levels addressed.
			Refer to EAP, online training, vendor, other.
			If member has severe stress, anxiety or depression, refer to provider for mental health referral/assistance.
21 (1704)	Do you smoke or use tobacco products?	Yes	Member uses tobacco products.
			Based on your individual situation there are many health benefits to quitting tobacco including living longer and healthier, lowering your risk of heart attack, stroke, and cancer, saving money and healthy benefits to your friends and family!
			Member uses tobacco products.
			Member enrolled in smoking cessation program.
			If Member IS willing to quit, check eligible benefits and eligibility, refer to appropriate program, or refer to provider for local programs and assistance with quitting.
			If member has a smart phone or ability to download an app, refer to <a href="http://www.smokefree.gov/apps/">www.smokefree.gov/apps/</a> or <a href="http://www.livestrong.com/quit-smoking-app/">www.livestrong.com/quit-smoking-app/</a> .
			Refer member to toll-free Tobacco Quitline. State quitline: 1-800-QUIT-NOW; or the National Cancer Institute (NCI)'s Smoking Quitline at 1-877-448-7848 (1-877-44U-QUIT).
		No	Member does not use tobacco products.
22 (1446)	Do you follow a special diet recommended by your provider?	Yes	Member follows special diet recommended by their provider.
		Recommended, but do not follow	Member was recommended a special diet, but does not follow it.
			Member does not follow recommended diet because of.
			Member was recommended a special diet, but does not follow it.
			Member follows special diet recommended by their provider.
			Check benefits for programs and services and warm transfer to eligible program or APS dietitian.
			Address any barriers to following recommended special diet.
		No	Member was not recommended to follow a special diet.
23 (1705)	It is recommended to do at least 2.5 hours of fast walking or 1.25 hours of jogging or running per week as well as exercises to make your muscles stronger two or more days per week. Do you participate in regular physical activity most days of the week?	Yes	Member is participating in physical activities.
		No	Member is not participating in physical activities.
			Member does not follow the recommended physical activity guidelines.
			Member will follow the recommended physical activity guidelines.
			Coordinate with social worker/community resource for appropriate physical activities and or recreational opportunities.
24 (1706)	When did you have your last flu immunization?	Member had flu immunization > select date	Member had flu immunization
			STAFF INSTRUCTIONS: IF DON'T KNOW EXACT DATE, SELECT APPROPRIATE MONTH, SELECT FIRST DAY OF MONTH, SELECT YEAR
		Select date	Date of flu immunization is:
		Don't remember when	Member doesn't remember when they had flu immunization
			Member doesn't remember when they had flu immunization
			Member will get flu immunization this season.
			Schedule an appointment for the flu immunization; 3-way call to provider, participating pharmacy, etc confirm Member not allergic to eggs.
		Flu immunization is scheduled > select date	Member is scheduled to get flu immunization
			STAFF INSTRUCTIONS: IF DON'T KNOW EXACT DATE, SELECT APPROPRIATE MONTH, SELECT FIRST DAY OF MONTH, SELECT YEAR
		Select date receiving	

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		No, unable to receive due to allergy/cultural/religious reasons	Member/child is unable to receive the flu immunization due to allergy/cultural/religious reasons.
25 (1707)	Did you get a pneumonia vaccine? [Staff instructions: Recommended once before the age of 65y and once after for patients with: chronic conditions, cancer, smokers, and those predisposed to infections].	Yes	Member got a pneumonia vaccine.
		No	Member did not get a pneumonia vaccine.
			Member did not get a pneumonia vaccine.
			Member got a pneumonia vaccine.
			Schedule an appointment for a pneumonia vaccine immunization; 3-way call to provider's office, pharmacy.
		Do not know/remember	Member does not know/remember if they received a pneumonia vaccine.
			Member doesn't know/remember if they have received pneumonia vaccine.
			Member will have pneumonia vaccine as recommended.
			Refer member to provider to review the need for a pneumonia vaccine.
		N/A	Pneumonia vaccine is N/A for member.
26 (1708)	Are cultural or religious practices or beliefs affecting your ability to manage your condition or receive treatment?	Yes	Member's cultural practices or beliefs are affecting their ability to manage their condition or receive treatment.
			Member's cultural practices or beliefs are affecting their ability to manage their condition or receive treatment.
			Member will receive care and treatment for their condition with acceptable cultural practices and or beliefs.
			Coordinate resources appropriate for member's cultural needs/beliefs.
		Alternative treatments	Member uses alternative treatments.
		Avoidance of blood products or other treatments	Member avoids blood products or other treatments.
		Dietary needs	Member has dietary needs such as avoidance of pork or other foods.
		Healers, folk healers	Member uses healers, folk healers.
		Naturopathic herbs etc.	Member uses naturopathic herbs etc.
		Provider gender preference	Member has provider gender preference.
		Religious restrictions	Member has religious restrictions.
		Spirituality needs such as prayer or meditation	Member has spirituality needs such as prayer or meditation.
		Other	Other
		No	Member does not use alternative treatments, spirituality, healers or other practices such as foods to be eaten or avoided.
27 (1449)	Do you have an advance directive?	Yes	Member has an advance directive.
		Advance directive	Advance directive.
		Guardianship papers	Guardianship papers.
		Living Will	Living Will.
		Durable Power of Attorney	Durable Power of Attorney.
		No	Member does not have an advance directive.
			Member does not have an advance directive.
			Member will have an advance directive.
			Refer member or assist with obtaining advance directive forms at <a href="http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289">http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289</a>
			Refer member to provider to discuss advance directive.